

**MINUTES OF THE  
CHILD WELFARE LEGISLATIVE OVERSIGHT PANEL**  
Tuesday, September 8, 2015 – 9:00 a.m. – Matheson Courthouse

**Members Present:**

Sen. Allen M. Christensen, Senate Chair  
Rep. Earl D. Tanner, House Chair  
Rep. Johnny Anderson  
Rep. Sandra Hollins

**Members Absent:**

Sen. Gene Davis

**Staff Present:**

Mr. Gregg A. Girvan, Policy Analyst  
Ms. Lee Killian, Associate General Counsel  
Ms. Lori Rammell, Legislative Assistant

**Note:** A list of others present, a copy of related materials, and an audio recording of the meeting can be found at [www.le.utah.gov](http://www.le.utah.gov).

**1. Panel Observations of Child Welfare Court Proceedings**

The panel observed court proceedings of child welfare cases in the courtrooms of Judges Kimberly K. Hornak and C. Dane Nolan.

**2. Panel Business**

Chair Tanner called the meeting to order at 11:00 a.m. Sen. Davis was excused from the meeting.

**MOTION:** Sen. Christensen moved to approve the minutes of the June 30, 2015, meeting. The motion passed unanimously.

**3. Review of Child Welfare Court Proceedings**

Mr. Rick Schwermer, Assistant State Court Administrator, Administrative Office of the Courts, thanked the panel for attending the court proceedings. He explained the difference between delinquency cases and child welfare cases, citing that about 800 of the 7500 cases in juvenile court each year are child welfare cases (or 14%). Yet, he said, child welfare cases take up more than half of the juvenile court judges' time. Mr. Schwermer responded to questions from the panel regarding the tools and resources available to the juvenile court judges, specifically drug treatment resources.

**4. Psychotropic Medication Use Among Foster Youth**

Mr. Brent Platt, Director, Division of Child and Family Services, explained that one issue of concern nationwide is the overmedication of children in foster care. He reported that children in the general population receive psychotropic medications at the rate of 6%, while children in foster care in Utah are receiving psychotropic medications at a rate of 31%. The problem, he said, stems from the lack of information about foster children available from either caseworkers or foster parents; as a result, medication is prescribed to treat the foster youth's symptoms. He said that one of the division's concerns is children who are prescribed more than one medication. He explained the process of tracking the health care of each child who enters foster care, but suggested that the foster care program could benefit from a child psychiatrist on staff to evaluate individual cases and, in some cases, suggest alternatives to medication. Mr. Platt said that the greatest obstacle to implementing a new program to address issues related to this problem is funding an on-call psychiatrist. He also requested that the psychiatrist have the power to question a prescription or treatment recommended by another physician treating the foster youth.

Dr. Brooks Keeshin, child psychiatrist, Division of Child Protection and Family Health at the University of Utah and Safe and Healthy Families at Primary Children's Hospital, stated that the nurse system established within the child welfare system was effective in the past, but current psychotherapies should be better utilized as effective alternatives to medication. He said that traumatized children are at a greater risk of multiple psychiatric disorders, and thus the prescription of multiple types of medication. While sometimes these are warranted, he said, there exists a greater chance among children in foster care, who lack a continuity of care, to be overprescribed or misprescribed psychotropic medications. Dr. Keeshin responded to questions from the committee regarding the lack of awareness, oversight, and time to consider case histories in prescribing medications.

Dr. Kristine Campbell, pediatrician and researcher, Center for Safe and Healthy Families at Primary Children's Hospital, advocated for a system within the division where nurses, rather than tracking care, actually advocate for individual foster children's care. She also suggested that new, innovative systems could be created to help children in the highest risk group: those who are aging out of foster care. She suggested a system where all of the records on these children are available to all of the health care and behavioral health care professionals involved in each child's care. Dr. Campbell responded to questions from the panel by describing possible primary medical teams who could work with foster children on a consistent basis.

Ms. LaRene Adams, Registered Nurse, Fostering Healthy Children, Division of Child and Family Services, Department of Health, suggested a program where a child's records would be flagged if he or she were on certain psychotropic medications, so nurses with the division could see whom they were prescribed by, what the medications were intended to treat, and whether alternative psychotherapies had been utilized. She said that a supervising psychiatrist and a pharmacist would be required to be on staff before the system could be implemented, to provide an expert review of the cases and communicate with prescribing physicians. Ms. Adams responded to questions from the panel by outlining current practices within the division for nurses to track children's medical histories as those children enter foster care.

Ms. Vanessa Sommerfeld, Utah Family Rights, was unable to attend the meeting but requested distribution of "Psychotropic medication: My experience and outside perspective."

## **5. HomeWorks**

Mr. Platt updated the panel on the division's HomeWorks program, a home-based system to preserve families from high risk to low risk. He reported that the rollout should be complete by February 2016, including simultaneous tutoring and mentoring of caseworkers who have implemented the program. The first and second districts, he said, have seen a 4.5% decrease in children entering foster care. Caseworkers, he said, are struggling to identify the systems of care available to these families, but these concerns are being addressed as quickly as possible.

## **6. Other Items/Adjourn**

**MOTION:** Rep. Hollins moved to adjourn the meeting. The motion passed unanimously.

Chair Tanner adjourned the meeting at 12:13 p.m.